## BEST AVAILABLE COPY

· .							Application or Docket Number					
PATENT					ON RECOF	₹D	B f					
		ective Dece					<u>C</u>	79/66	035	193		
			ENTITY		OTHER							
FOR	NI	(Column 1 UMBER,FILEI		(Colu UMBER I	imn 2)	TYF			OR	SMALL		
Action of Ac	for process	7141.		J.V		RAT	E	FEE	1 1	RATE	FEE	
BASIC FEE		- air						345.00	OR		690.00	
TOTAL CLAIMS		<u> </u>	nus 20= *	41		X\$ 9	9=		OR	X\$18=	1206	
INDEPENDENT (			nus 3 = *	3		X39	)=		OR	X78=	234	
MULTIPLE DEPE	MULTIPLE DEPENDENT CLAIM PRESENT						0=		OR	+260=		
* If the difference	e in column	1 1 is less that	n zero, ente	ər "0" in c	column 2	TOT	AL	<u> </u>	OR	TOTAL	2130	
	CLAIMS /	AS AMEND	)ED - PAI	RT II	-		•	<u> </u>		OTHER	THAN	
	(Column 3)	SMA	LL F	ENTITY	OR	SMALL	ENTITY					
Total Independent	CLAIM REMAINI AFTER AMENDM	IING R	NUM PREV	SHEST MBER VIOUSLY D FOR	PRESENT EXTRA	RAT	Ë	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total		Minus	**		=	X\$ 9	9=		OR	X\$18=		
Independent	100	Minus	***	= 51 AIM	=	X39	)=		OR	X78=		
35	· · · · · · · · · · · · · · · · · · ·	OF MULTIPLE	DEPENDEN	IT CLAIM		+130	0=	:	OR		**	
No Service Statement Service						TO	OTAL			TOTAL		
1	(Columr	n 1)	(Coli	umn 2)	(Column 3)	ADDIT. I	FEE L	<u></u>	JC,	ADDIT. FEE		
m -	CLAIM	AS	HIG	SHEST			_	ADDI-	1 1		ADDI-	
MENT	AFTER AMENDM	R MENT	PREV	MBER /IOUSLY D FOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
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FIRST PHES	ENTATION	OF MULTIPLE	DEPENDEN	IT CLAIM			$\dashv$		1 1	Ů ·	<del></del>	
11/2	:					+130			OR	+260=		
						ADDIT. F	FEE .		OR	TOTAL ADDIT. FEE		
	(Column		(Colu	ımn 2)	(Column 3)							
Total Independent	CLAIMS RÉMAINII AFTER AMENDME	ING R	NUM PREVI	HEST MBER TOUSLY D FOR	PRESENT EXTRA	RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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FIRST PRES	ENTATION C	OF MULTIPLE D	DEPENDEN'	T CLAIM		A09-	_		OR	X/6=		
e If the entry in col	······ 4 in lengt	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	"2" in ani		+130:			OR	+260=		
* If the entry in column to the "Highest Nu	umber Previous	usly Paid For" IN	THIS SPACE	is less than	n 20, enter "20."	TOT ADDIT. F	FE		OR ,	TOTAL ADDIT, FEE		
***If the "Highest No The "Highest Nu	umber Previous mber Previous	sly Paid For (Tot	THIS SPACE al or Independ	is less thar dent) is the	ın 3, enter "3." n highest number f			ropriate box				